

JUL 26 2005

BEST AVAILABLE COPY

Practitioner's Docket No. NoneUS PATENT & TRADEMARK
OFFICE

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Haley, Jeffrey
 Application No.: 10 / 772,099 Group No.: 1655
 Filed: 02/04/04 Examiner: Leith, Patricia A.
 For: TREATING MOUTH ULCERS WITH PATCHES TO SPEED HEALING AND
RELIEVE PAIN

Patent: Issued:

*NOTE: Insert name(s) of inventor(s) and title also for patent. Where request is with respect to a maintenance fee payment also insert application number and filing date and add Mail Stop 16 to address.

Mail Stop 16

Director of the U.S. Patent and Trademark Office
 P.O. Box 1450,
 Alexandria, VA 22313-1450

Adjustment Date: 09/19/2005 SDIRETA1

03/30/2005 HTECKLU1 00000005 042223 10772099

01 FC:1806 180.00 CR

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

NOTE: 37 C.F.R. § 1.26 Refunds.

(a) The Commissioner may refund any fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee, such as when a party desires to withdraw a patent or trademark filing for which the fee was paid, including an application, an appeal, or a request for an oral hearing, will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts. If a party paying a fee or requesting a refund does not provide the banking information necessary for making refunds by electronic funds transfer (31 U.S.C. 3332 and 31 CFR part 208), or instruct the Office that refunds are to be credited to a deposit account, the Commissioner may require such information, or use the banking information on the payment instrument to make a refund. Any refund of a fee paid by credit card will be by a credit to the credit card account to which the fee was charged.

(b) Any request for refund must be filed within two years from the date the fee was paid, except as otherwise provided in this paragraph or in § 1.28(a). If the Office charges a deposit account by an amount other than an amount specifically indicated in an authorization (§ 1.25(b)), any request for refund based upon such charge must be filed within two years from the date of the deposit account statement indicating such charge, and include a copy of that deposit account statement. The time periods set forth in this paragraph are not extendable.

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is mandatory.)

(Express Mail certification is optional.)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date _____ in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. _____

(type or print name of person mailing paper)

Signature of person certifying.

WARNING: Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

***WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Request for Refund (Improper Charge of Credit Card Account) [19-4]—page 1 of 3)

BEST AVAILABLE COPY

PAT

705

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account 04-2223, shown on the statement dated 03/31/05, for the above-identified

application.
 patent.

(check the following, if desired, and supply copy of statement)

A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND REQUESTED
<input type="checkbox"/> Basic fee	\$ _____
<input type="checkbox"/> Examination fee	\$ _____
<input type="checkbox"/> Search fee	\$ _____
<input type="checkbox"/> Additional fee for specification and drawings	\$ _____
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	\$ _____ and/or
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	\$ _____
<input type="checkbox"/> Extension of term <input type="checkbox"/> first month <input type="checkbox"/> second month <input type="checkbox"/> third month <input type="checkbox"/> fourth month <input type="checkbox"/> fifth month	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
<input type="checkbox"/> Excess claims	\$ _____
<input type="checkbox"/> Issue fee	\$ _____
<input type="checkbox"/> Petition fee	\$ _____
<input type="checkbox"/> Patent maintenance fee <input type="checkbox"/> first maintenance fee <input type="checkbox"/> second maintenance fee <input type="checkbox"/> third maintenance fee	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> Patent maintenance fee surcharge	\$ _____
<input checked="" type="checkbox"/> Other <u>Information Disclosure Statement</u>	180.00 \$ _____ \$ _____ \$ _____ \$ _____

TOTAL REFUND REQUESTED

180.00

(Request for Refund (Improper Charge of Credit Card Account) [1B-4]—page 2 of 3)

BEST AVAILABLE COPY**III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR**

On March 30, 2005 Deposit Account No. 04-2223 was charged \$180.00 for an information disclosure statement fee. Dykema Gossett PLLC has no record that it represents the Applicant in this application. Therefore, I believe that the \$180.00 fee was erroneously charged to Deposit Account No. 04-2223.

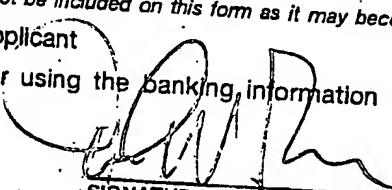
IV. MANNER OF REFUND

Please make the refund by

Crediting Deposit Account No. 04-2223
 Crediting applicant's credit card as shown on the attached credit card authorization form PTO-2038.

WARNING: Credit card information should not be included on this form as it may become public.

Sending refund check to applicant
 By electronic funds transfer using the banking information on the payment instrument.


SIGNATURE OF PRACTITIONER

John W. Rees

(type or print name of practitioner)

Dykema Gossett PLLC
39577 Woodward Avenue, Suite 300
P.O. Address

Bloomfield Hills, Michigan 48304-5086

(Request for Refund (Improper Charge of Credit Card Account) [19-4]—page 3 of 3)

Reg. No.: 38,278

Tel. No.: (248) 203-0832

Customer No.: 26127

1FW8

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)

Applicant(s): Haley, Jeffrey

Docket No.

None

Application No.

10/772,099

Filing Date

02/04/04

Examiner

Leith, Patricia

Customer No.

Group Art Unit

1655

01/05

Invention: TREATING MOUTH ULCERS WITH PATCHES TO SPEED HEALING AND RELIEVE PAIN

JUL 26 2005

I hereby certify that this Request for Refund (Improper Charge of Deposit Account)
(Identify type of correspondence)

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope
addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
07/22/05
(Date)

Mary F. Peltier

(Typed or Printed Name of Person Mailing Correspondence)

Mary F. Peltier

(Signature of Person Mailing Correspondence)

Note: Each paper must have its own certificate of mailing.

BEST AVAILABLE COPY

**UNITED STATES PATENT AND TRADEMARK OFFICE****MONTHLY STATEMENT
OF DEPOSIT ACCOUNT**

To replenish your deposit account, detach and return top portion with your check. Make check payable to Director of Patents & Trademarks.

DYKEMA GOSSETT PLLC
MARY F. PELTIER
39577 WOODWARD AVENUE
SUITE 300
BLOOMFIELD HILLS MI 48304-2820

BEST AVAILABLE COPY

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
www.uspto.gov

FINA

Account No.
042223
Date
3-31-05
Page
7

PLEASE SEND REMITTANCES TO:
U. S. Patent and Trademark Office
P.O. Box 70541
Chicago, IL 60673

DATE POSTED MO. DAY YR.	CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEES CODE	CHARGES/ CREDITS	BALANCE
3 28 05	230	PCT/US05/08934	89000-160-2	1702	1211.00	29797.66
3 28 05	231	PCT/US05/08934	89000-160-2	1703	754.00	29043.66
3 28 05	232	PCT/US05/08934	89000-160-2	8007	40.00	29003.66
3 28 05	248	PCT/US05/08934	89000-160-2	1605	600.00	28403.66
3 28 05	249	PCT/US05/08934	89000-160-2	1705	173.00	28230.66
3 28 05	308	10528576	66347-120-2	1631	300.00	27930.66
3 28 05	309	10528576	66347-120-2	1632	500.00	27430.66
3 28 05	310	10528576	66347-120-2	1633	200.00	27230.66
3 28 05	311	10528576	66347-120-2	1615	250.00	26980.66
3 28 05	407	10528484	66383-038-5	1631	300.00	26680.66
3 28 05	408	10528484	66383-038-5	1632	500.00	26180.66
3 28 05	409	10528484	66383-038-5	1633	200.00	25980.66
3 28 05	865	76355846	64934-043	7004	150.00	25830.66
3 28 05	1376	78318992	77,254-010	7003	100.00	25730.66
3 28 05	1413	1339024	65205-0114	7205	100.00	25630.66
3 28 05	1414	1339024	65205-0114	7201	400.00	25230.66
3 28 05	1498	78371451	23929-015	7003	100.00	25130.66
3 29 05	7	PCT/US05/09429	65349-007	1601	300.00	24830.66
3 29 05	8	PCT/US05/09429	65349-007	1602	1000.00	23830.66
3 29 05	9	PCT/US05/09429	65349-007	1702	1211.00	22619.66
3 29 05	10	PCT/US05/09429	65349-007	1703	585.00	22034.66
3 29 05	11	PCT/US05/09429	65349-007	8007	20.00	22014.66
3 29 05	45	PCT/US05/09414	65349-007	1601	300.00	21714.66
3 29 05	46	PCT/US05/09414	65349-007	1602	1000.00	20714.66
3 29 05	47	PCT/US05/09414	65349-007	1702	1211.00	19503.66
3 29 05	47	E-REPLENISHMENT		9203	-40000.00	59503.66
3 29 05	48	PCT/US05/09414	65349-007	1703	533.00	58970.66
3 29 05	49	PCT/US05/09414	65349-007	8007	20.00	58950.66
3 29 05	117	10288686	60680-410	1501	1400.00	57550.66
3 29 05	118	10288686	60680-410	1504	300.00	57250.66
3 29 05	141	10722099		1806	180.00	57070.66
3 29 05	307	76514198	086771-0003	7003	100.00	56970.66
3 29 05	1229	75930874	093909-0005	7004	600.00	56370.66
3 29 05	1542	78597038	066336-0057	7001	325.00	56045.66
3 30 05	13	10722099		1806	-180.00	56225.66
3 30 05	14	10772099	795-010-3	1806	180.00	56045.66

AN AMOUNT SUFFICIENT TO
COVER ALL SERVICES REQUESTED
MUST ALWAYS BE ON DEPOSIT

OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
*** O.D. INDICATES OVERDRAWN			